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ABSTRACT

Due to indiscriminate experimentation with drugs and sex, teens are increasingly at risk of contracting AIDS. Goals of prevention include reducing the panic and misinformation surrounding the disease, helping teenagers delay sexual intercourse, ensuring condom use, and preventing I.V. drug use. AIDS prevention as a shared responsibility includes schools, religious organizations, youth service agencies, programs for parents, health provision, and condom distribution. Recommendations for AIDS education programs for youth deal with AIDS transmission and self-protection, adolescent-posed challenges for AIDS prevention, leader selection, teen involvement in AIDS education, educational materials selection, suggestions to leaders of programs, teens' rights and responsibilities concerning self-control, and condom instructions. Recommendations for building community support include: education; building a community advisory committee; parent involvement; teen involvement; values; commitment and organization of program; and preparation for opposition. A list of additional sources of information is provided. (42 references) (KM)

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AIDS and Adolescents

The Time for Prevention is Now

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Acquired Immunodeficiency Syndrome (AIDS) is now an epidemic in the United States, and all sectors of the community are being affected. Adolescents currently account for less than one percent of the reported cases of AIDS. Yet teenagers, because of their experimentation with both sex and drugs, are potentially very vulnerable to infection with the Human Immunodeficiency Virus (HIV).

On April 23, 1987, the Center for Population Options convened the first national meeting on AIDS and Adolescents. This meeting, attended by leading sexuality education, family planning, youth serving agency, medical, and AIDS prevention professionals, provided a forum for the exchange of information and the development of strategies to prevent the AIDS epidemic from reaching the nation's young people.

This report summarizes key material presented at that conference, and provides other information subsequently obtained about AIDS and adolescents. It is written to help program planners, educators, and policymakers design effective AIDS prevention programs for teenagers. The recommendations presented are those of the Center for Population Options, and do not necessarily represent a consensus among the meeting's participants. This report is for educators, program planners, and policy makers. It is designed to stimulate thinking and program development on AIDS prevention suitable for young people.

If you are interested in assistance in developing programs on AIDS for adolescents, we encourage you to contact the Center for Population Options at 1012 14th Street N.W., Suite 1200, Washington, D.C., 20005, (202) 347-5700.

AIDS and Adolescents

The Time for Prevention is Now

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AIDS and Adolescents

INTRODUCTION

An immediate, concerted campaign to educate the nation's young people about AIDS is urgently needed. Teenagers need this information because:

Thousands of teenagers are at risk of contracting the Human Immunodeficiency Virus (HIV) that causes AIDS because they engage in risky sexual behaviors or drug use, or both.

Teenagers are exposed to a barrage of misinformation about sexuality and AIDS, and education is urgently needed to counter the misinformation and reduce the panic surrounding the disease.

Teenagers are forming lifetime health habits, and need information to guide their development of adult health and sexual behaviors.

Teenagers are the major source of health-related information for their peers, and can also educate their siblings and parents.

Many young people have already been affected personally by AIDS. They may have parents, other family members, teachers, or friends who are ill or have been infected.

Young people are at an increasingly high risk of contracting HIV and becoming ill with AIDS. As of September 1987, only 169 U.S. teenagers have been diagnosed with AIDS. However, one-fifth of the people with AIDS are in their twenties,[1] many of whom no doubt were infected with the virus as teenagers. The majority of cases in young adults were transmitted by sexual behaviors or IV drug use.

We do not now know the incidence of HIV infection among the nation's teenagers. However, the seroprevalence data that does exist indicates that we have reason to be concerned. For example, at a comprehensive care site for teenagers in New York, 200 blood samples were screened from healthy adolescents. Of these, 9 were found to be seropositive.[2]

Since October 1985, the Department of Defense has routinely tested civilian applicants for HIV as part of their preinduction medical evaluation. For every 1000 recruits tested for exposure to HIV, 1.5 have been found to be seropositive. In certain major cities the incidence of infection among these young men and women is much higher. In the Washington metropolitan area it is 1 in 100; in New York, it is 1 in 50. Seropositivity rates for young people are highest in the Middle Atlantic, the Pacific and South Atlantic states.[3]

- Many American teenagers engage in sexual activities which can transmit HIV. In fact, most Americans begin having sexual intercourse as adolescents. Nationwide, half of the boys and one-third of the girls in high schools have had intercourse.[4] The average age of first intercourse throughout the country is around 16,[5] and in some communities, it may be as low as 12.[6]
- Many teenagers are not protecting themselves against pregnancy or sexually transmitted diseases. One in ten teenage girls becomes pregnant each year.[7] One in seven teens contracts a sexually transmitted disease annually.[8] Only one-third of sexually active teens use contraception regularly,[4] and less than one quarter of those who use contraception use condoms.[9]
- Not all teenagers are heterosexual, and some teens experiment

with both same and opposite sex partners. The Kinsey Institute estimates that four in ten teen males have experimented with same sex partners.[10] Although most of this activity probably doesn't involve high risk behaviors, some of it undoubtedly does.

- Sexual abuse is another potential source of transmission. It is difficult to estimate the number of teens who are sexually abused. One study found that three percent of all teens are currently being abused, and over half of all rape victims are adolescent females.[11]
- About one million teenagers run away each year, and an estimated 187,500 runaways are involved in illegal activities, such as drug use, prostitution, solicitation, and drug trafficking.[12] An estimated 125,000 to 200,000 teen men and women become involved in prostitution each year.[13]
- Drug use is another potential source of HIV infection in the adolescent population. Over 1% of high school seniors report that they have used heroin, and use is clearly higher among youth who have dropped out of school.[14] A conservative estimate is that 200,000 teens have used IV drugs.[15]
- Teenagers may also be sharing needles for reasons besides IV drug use. Many teen girls pierce each other's ears, and the same needle may be used by several girls at a session. Tattooing, although significantly less frequent than ear piercing, may involve the sharing of tattoo needles. And some teen athletes may illegally obtain steroids for home injections.

Although it is true that any sexually active teenager may be at risk of contracting AIDS, certain groups of teenagers are currently at much greater risk because of the increased probability of their involvement in unsafe behaviors. It is important to underscore that teenagers from these groups can dramatically reduce their risks by changing these behaviors.

It is also important to de-stigmatize AIDS. Young people need to understand that there is nothing about being gay, or Black, or Hispanic, that makes them biologically susceptible to AIDS. They need to understand that it is behaviors that pose risks, not being a member of a "risk group."

Teens who use IV drugs, gay and bisexual teens, homeless teens, and teens involved in solicitation and prostitution all need to be considered target goups for special efforts that will help them exercise safe behaviors. Minority teenagers need to have culturally sensitive materials developed. Teenagers from certain areas with high prevalence rates of AIDS, such as New York City, Northern New Jersey, Washington, D.C., Los Angeles, Houston, Miami, and San Francisco are at greater risk because of the prevalence of the virus in the community.[1]

Most teenagers lack basic knowledge regarding transmission of and protection against HIV. In a 1985 study of teens in San Francisco, one-third did not know that AIDS could not be spread by using someone else's personal belongings, and 40% did not know that using condoms lowers the risk of infection with the virus.[16]

A 1986 survey of Massachusetts teenagers found that many teenagers believe that AIDS can be transmitted by kissing, sharing eating utensils, sitting on toilet seats, and donating blood. Ninety-six percent of these teens had heard about AIDS, but only 15% of the sexually active teens were taking appropriate steps to avoid its transmission. Only one-third were concerned about contracting the disease.[17]

The survey also indicates some positive factors. Half of the teens surveyed said that a teacher had talked with them about AIDS and 45% had discussed AIDS with a parent. Only 7% thought AIDS could be spread by shaking hands,[17] compared with 25% in a survey of San Francisco teens the previous year.[17] Nevertheless, the need for more awareness and understanding is abundantly clear.

GOALS OF
AIDS Prevention

AIDS prevention programs should have four primary goals:

1. To reduce the panic and misinformation about the disease and its transmission.

2. To help teenagers delay the initiation of sexual intercourse.

3. To ensure that teenagers who are having any type of intercourse use condoms consistently and effectively.

4. To reduce experimentation with drugs and prevent IV drug use.

REDUCE THE PANIC AND MISINFORMATION

Most teenagers lack knowledge about AIDS and the transmission of HIV. Many incorrectly believe that they can get the virus from food handlers, toilet seats, and being in a room with gay people. School districts have had to confront unfounded fears about contagion from students, teachers, and school employees with AIDS. Education programs can reduce these fears by providing factual information about the disease and an opportunity for young people to have their questions answered.

> Adolescents and preadolescents are those whose behavior we especially wish to influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk . . .

HELP TEENAGERS DELAY

Teenagers must be assisted to delay sexual intercourse. The average age of first coitus is now 16 years in the United States;[5] in some communities, the average age for boys is about twelve.[6] Teenagers are becoming sexually active at earlier ages, and most have neither the cognitive nor emotional capacity to handle the implications of sexual relationships. Promising strategies have been developed to help young teenagers postpone sexual involvement. Unlike the simplistic "Just Say No" programs, these programs are designed to help teens identify and resist the social and peer pressures that encourage early sexual involvement. The emphasis is on skill building and changing behaviors.

ENSURE CONDOM USE

Sexually active teenagers should use condoms each and every time they have intercourse. Condom use is quite low among sexually active American teenagers—less than one in four use

condoms regularly. Teenagers must be educated about condoms, about how to use them, and about where they can be easily obtained. This education will help teenagers prevent pregnancies and sexually transmitted diseases, including HIV infection.

PREVENT IV DRUG USE

All AIDS education programs need to warn teenagers about the dangers of drug use, especially intravenous drugs. Teenagers need to understand that the use of alcohol or drugs may impair their ability to make good decisions, especially in sexual situations; that some drugs may suppress the immune system;[18] and that sharing any kind of needles puts them at great risk of becoming infected through blood products. Programs working with drug abusing youth must include information about the use of sterile equipment.

> . . . Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.
>
> Those of us who are parents, educators, and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The lives of our young people depend on our fulfilling our responsibility.
>
> *Surgeon General's Report on Acquired Immune Deficiency Syndrome, November 1986*

AIDS PREVENTION IS
A Shared Responsibility

AIDS education, like teenage pregnancy prevention, cannot be the responsibility of any single sector of the community. Parents, schools, churches and synagogues, community agencies, youth-serving agencies, and health organizations must be involved. Programs should be targeted to both in-school and out-of-school youth. Intensive efforts should be developed for those teenagers whose behavior places them at high risk of contracting HIV infection.

THE SCHOOLS

School is the optimal setting to launch AIDS education for young people. Schools have the potential to reach 95% of the nation's young people with this vitally important information.

A majority of adolescents receive some type of sexuality education in school, yet few attend programs that go beyond the facts of reproduction. Three-fourths of high schools and junior high schools in metropolitan school districts offer some form of sexuality education, but only 14% offer a separate course.[19] Less than 10% of all students participate in semester-long programs that cover the full range of sexuality issues.[20] A comprehensive sexuality education program should include decision-making, goal-setting, values exploration, sex and gender roles, as well as factual information about reproduction, physiology, contraception, and sexually transmitted diseases.

> "It is apparent that we can't depend on parents to educate their children about safe sex. The job must be done in the schools. It is no longer a matter of giving kids ideas. They already have ideas. It is now a matter of life and death."
>
> *Ann Landers, July 30, 1987*

Strong public support for school-based sexuality education has existed for decades. A Gallup poll in 1943 found that 70% of adults supported sexuality education.[20] More than forty years later, a 1985 Harris poll found that 85% of adults agreed that sexuality education should be offered in public schools. Two-thirds of those polled believed that teenagers should learn about contraceptives in school, including where to obtain them.[21] A 1987 NBC poll found that 91% of adults approve of teaching AIDS prevention to children in public school.[22]

Existing school-based AIDS education programs, admittedly just beginning, are by-and-large inadequate. According to a survey conducted by the U.S. Conference of Mayors in December 1986, just over half of the country's largest local school districts and state school agencies were beginning to provide some type of AIDS education. However, only a small number have developed and implemented comprehensive programs, including teacher training, curriculum guides, and student and teacher materials. Almost all education is focused at the junior and senior high levels.[23]

A review of 18 curricula by staff from the Centers for Disease Control found that two-thirds of the curricula advocated programs that were one hour or one class sessions, and only one in 10 provided for over three hours on AIDS. One-quarter of the curricula did not address abstinence or condom use. Fewer than one-third mentioned that sex between uninfected partners could not spread the disease, that counseling should be sought if there were personal concerns, or that condoms and spermicides should be used together. Only 22% of the curricula emphasized that it is behavior that places a person at risk, and over half inappropriately emphasized high risk groups. Although 61% of the curricula used the term "anal intercourse" and 50% mentioned "oral intercourse," only 39% mentioned "vaginal intercourse"![24]

The majority of programs have ignored many of the lessons from other health education programs for teenagers. Like teenage pregnancy, AIDS is a social problem, and simply providing young people with facts is not enough. Teenagers need the opportunity to clarify their values, practice decision-making and communication skills, and learn to resist peer pressure related to sex and drug use.

Like teenage pregnancy, AIDS is a social problem, and simply providing young people with facts is not enough. Teenagers need the opportunity to clarify their values, practice decision-making and communication skills, and learn to resist peer pressure related to sex and drug use.

It is important that we not build false hopes for the efficacy of school-based AIDS education programs in changing young people's behaviors. Evaluations of sexuality education programs have found that they are quite effective in increasing knowledge, but significantly less effective in changing behaviors or attitudes.[20] Existing attitudes can be reinforced, and communication between parents and children can be improved. However, a national study of sexuality education found that unless the education is combined with services, there is little likelihood that sexual behaviors will be affected.[25]

Numerous studies have shown that teenagers take risks even when they are well-informed about the consequences. Providing facts is not enough. The majority of teenage pregnancies are unintended, even though most teenagers are well-acquainted with the facts about how pregnancies occur.[26]

Many of the most promising health education interventions with teenagers have been those that are coordinated by the teenagers themselves and deal with changing teenage behavioral norms. Peer mediated approaches to resisting cigarette and marijuana smoking and "students against drinking and driving" campaigns have all effected behavior change, while other interventions, such as contraceptive lectures, typically have not.

Programs need to concentrate on changing the normative school environment. Classrooms that teach "just say no" offer conflicting advice with the talk in the halls and locker room where students learn that "everybody is doing it." Faced with this contradiction, teens often practice "cognitive repression" —they accept only one message and do that which makes them most socially acceptable. Thus, AIDS programs that try to alter the peer culture and the school norms related to sex and drugs are likely to be more successful than classroom programs alone.

AIDS education ideally should be part of a comprehensive health or sexuality education program. Such programs place the discussion of the disease in the broader context of health promotion and human sexuality. However, the immediacy of the AIDS crisis may require acceptance of programs that are less than comprehensive. Schools cannot afford to wait to introduce AIDS until all school boards have the will to approve sexuality education programs.

When AIDS cannot be taught in a sexuality education program, programs must not present information that gives young people negative and scary impressions about sex. Just as well-conceived sex abuse prevention programs include information about "good touching," AIDS education programs must be careful not to give out the message that "sex is something that kills you." Rather, sexuality should be presented as a positive aspect of life, and courses should emphasize that geni-

tal activity is only one aspect of sexuality. Teens can be taught that various sexual behaviors pose different risks for pregnancy and sexually transmitted diseases, and that the use of condoms and other contraceptive methods can reduce these risks.

RELIGIOUS ORGANIZATIONS

Churches and synagogues are ideal locations for AIDS education for young people, as well as for parents and children together. These settings can place messages about sexual activity and relationships in the context of religious values.

Religious organizations have played an important role in national and community teenage pregnancy prevention efforts. For many of these organizations, the development of sexuality education programs for teenagers is part of a broader emphasis on social concerns. Religious organizations are thus well suited to become involved with AIDS prevention education.

Religious institutions can provide teenagers guidance in determining sexual values that relate to their overall moral and ethical standards.

There are many advantages to conducting AIDS prevention activities in religious institutions. Religious organizations are able to discuss values about sexuality, a subject that is often not possible in school-based education. Churches and synagogues have strongly influenced community ethical standards, and many individuals turn to their religious institutions for guidance and counsel on difficult issues. Religious institutions can provide teenagers guidance in determining sexual values that relate to their overall moral and ethical standards.

Several national religious organizations are adopting policy statements on AIDS, and are developing education programs for teens. Many churches, such as the United Church of Christ, the American Baptist Church, and the United Methodist Church, already have policies on adolescent pregnancy prevention.[27] National religious newsletters can be used to disseminate information about AIDS and education strategies.

Local churches and synagogues can be both directly and indirectly involved with these efforts. Clergy can become involved in local boards of AIDS education projects. Churches can make space available for meetings. AIDS education can be incorporated into religious programs for families. Marriage seminars, parent-child programs, and weekend family retreats are examples of church programs in which AIDS prevention can be discussed. At these programs, the church works with families in developing their children's attitudes toward sexuality.

YOUTH-SERVING AGENCIES

Youth-Serving Agencies (YSAs) that offer multiple services concerned with the overall well-being of youth are ideally positioned to integrate AIDS education into their comprehensive programs. YSAs are community agencies that offer young people a variety of social, educational, and recreational programs. National youth-serving organizations rank second only to the public schools in the number of young people they reach. Agencies such as the Girls Clubs of America, Big Brothers/Big Sisters, the YWCA, the Job Corps, and the youth programs of major religious organizations together serve an estimated 20 million youth each year. Youth-serving agencies have played a major role in providing community-based sexuality education to teenagers.

Youth-serving agencies have many advantages as potential providers of AIDS education. By nature, participation in youth-serving agencies is voluntary. These agencies are able to seek youth and parental input into program content, often involve parents in their activities, and encourage communication between parents and children. Further, YSAs serve significant numbers of pre-adolescents, males, and

out-of-school youth—three groups that are often underserved, and that urgently need AIDS prevention information.

YSAs can be effective providers of sexuality-related education. Local youth-serving agencies have reported that implementing such programs made their overall program more relevant to teenagers, increased youth involvement in agency programs, and increased parent involvement. There are no reports of community or parental opposition.[28]

Many national youth-serving agencies have incorporated sexuality education into their programs for teens. These national organizations have established organizational policies on sexuality education, developed curricula, and made teenage pregnancy prevention an organizational priority.[29] They have the opportunity to incorporate AIDS information into these existing efforts. Indeed some YSAs, such as the YWCA and the Girls Clubs, have already begun investigating how their programs can respond to the AIDS emergency.

In June 1987, CPO surveyed 30 national youth-serving, religious, and youth employment organizations. Ninety-four percent are interested in incorporating AIDS prevention programs into their existing youth programs, yet most acknowledged that they would need specialized training and technical assistance to do so. These national agencies through their thousands of affiliates have the potential to reach millions of America's young people with AIDS prevention information.

Of course, any formal AIDS education program should solicit parental input at all stages. Parents should have the opportunity to review curricula, meet the leaders, and observe educational sessions.

Local youth-serving agencies need to understand that AIDS education programs do not need to be separate programs. This information can be incorporated into the variety of programs targeted to teens. These might include health, fitness, safety, or life options programs, as well as specific sexuality programs.

PROGRAMS FOR PARENTS

AIDS education programs for parents also need to be developed. Parents are the primary sexuality educators of their children. From birth, parents communicate about sexuality by the way they touch and hold their children, by the words they use for body parts, and by the way they treat their children according to gender. Children learn the models for their own values and behaviors by observing their parents' relationship with each other, the way they communicate, display affection, and express opinions.

Eighty percent of parents agree that it is their responsibility to provide sexuality education to their children,[30] yet few actually offer adequate information.[31] Only one-quarter of adults say that they learned about sex from their mother or father.[31] More than 8 in 10 parents say they would like help in providing sexuality education to their children,[26] and 83% support AIDS education in public schools.[32]

Sexuality education programs for parents may have an important role to play in AIDS prevention. One study indicated that when sexuality is discussed in the home, teenagers are less likely to begin sexual activity, and more likely to use contraception when they do become sexually active.[33] Parent/child sexuality education courses can effectively increase communication about sex in the home.[20] If these programs include AIDS information, they may be a successful mechanism for providing needed information to children.

Of course, any formal AIDS education program should solicit parental input at all stages. Parents should have the opportunity to review curricula, meet the leaders, and observe educational sessions. Programs can build homework assignments that will encourage family communication about these topics.

HEALTH PROVIDERS

Health providers have a central role to play in AIDS prevention among teenagers. Family planning clinics are ideally positioned to provide education to sexually active teens. In 1983, there were more than 5000 organized family planning clinics in the United States. These clinics served over 1.6 million teenagers.[34] Community health centers, public health clinics, school-based clinics, and local children and youth clinics also serve large numbers of pre-adolescents and teenagers. These programs have the ability to reach large numbers of young people who are no longer involved in formal education programs.

Health providers will want to begin to offer education and counseling on AIDS to their clients who are or who may soon be sexually active. Sexually transmitted disease clinics must also incorporate AIDS prevention into their programs. Further, pediatricians and internists who work with teens should be trained to provide this type of information and counseling.

Medical professionals, including physicians, nurses, counselors, and clinic educators, who work with young people must receive extensive training about AIDS. They must know the basic information about the virus, guidelines for safer sex, information about testing sites, and referral sources. They need to be trained to assess a client's risk level.

All teen clients seeking contraceptive services should be counseled about the risk of HIV infection. Each individual client's risk of sexually transmitted diseases and AIDS should be assessed. Questions could be added to the history or intake form to help assess clients' risk.

Women who use oral contraception need to understand that they are not protected against AIDS and other sexually transmitted diseases. Dr. Robert Hatcher, senior author of *Contraceptive Technology*, suggests that all women who receive prescriptions for oral contraceptives also be offered prescriptions for spermicidal condoms.

A letter in *The Lancet*, March 1987, suggested that the prevention of pregnancy and the prevention of HIV should be considered separately.[35] Clients should be encouraged to add the condom to highly effective methods of contraception, rather than to substitute for these methods.

Nevertheless, providers need to be realistic that many young people will not use two methods. In that case, those whose behavior places them at risk for AIDS should be encouraged to use condoms. Sexually active men and women who have more than one partner and who are not willing to combine pill and condom use may then be appropriately advised that condoms are the preferred method. All clients should receive condoms and instruction sheets, regardless of method choice.

Health clinics need to develop guidelines for pregnancy counseling for women whose behaviors put them at risk for AIDS. Clinics should negotiate referral mechanisms with anonymous testing sites which can quickly see pregnant women who may be infected with HIV.

Condom Distribution

- Offer a variety of condom types. Let clients know they have a choice.
- Display condoms in a creative, attractive manner. Place them where clients can easily pick them up without asking.
- Provide large numbers of condoms to clients, not just three or four.
- At check-out, ask each client if they would like some condoms for themselves or a friend.
- Incorporate male partners in sessions.
- Make sure your clinic is a welcoming environment for young men. Have pamphlets, magazines and posters for them. Be sure there is a men's rest room.
- Have posters and pamphlets on AIDS prevention which are easy to read, culturally appropriate, and sensitive for the client population.

Clinics are a logical site for massive condom distribution campaigns. Clinics should offer several different brands of condoms. One clinic in San Francisco now offers a trial "six pack" of different condoms. In Maryland, the "three for free" campaign has distributed thousands of condoms at local health department clinics. Emory University's Family Planning Program has launched a "Condom Sense" campaign. Their goal is to distribute half a million condoms a year. Staff and clients are encouraged to help themselves to several packaged sets of 40 condoms plus multiple instruction sheets both for their own use and to pass on to their friends.

Public health clinics, including family planning and STD clinics, may want to consider becoming testing sites because of their proven ability to serve large numbers of at-risk women. However, before a clinic offers testing, there are numerous questions that must be carefully considered, including confidentiality, staff training, resource allocation, and consent issues. New policies for testing adolescents for HIV infection will need to be developed.

If a clinic becomes a testing site, training for staff is essential. Pre and post test counseling are critical components of an AIDS testing program. Family planning and public health department clinic staff have not been prepared for this type of counseling. In general, they are not trained in dealing with issues related to life threatening diseases, or death and dying. Clinics may need to hire additional experienced staff for this role.

(Both the Planned Parenthood Federation of America (PPFA) and the National Family Planning and Reproductive Health Association (NFPRHA) are currently developing guidelines on AIDS for family planning clinics. For more information, write PPFA at 810 7th Avenue, New York, NY 10019; and NFPRHA at 122 C St., N.W., Suite 380, Washington, DC 20001.)

Drug treatment programs also need to become more accessible to teenagers. Outreach programs need to be developed for teenagers who are at high risk of becoming drug users and those who are already involved with drugs. Special attention needs to be paid to reaching out-of-school youth. Drug treatment programs need to be more widely available.

Health programs also have a major role to play in community education about AIDS. Programs for community groups on pregnancy prevention should now include AIDS information. Clinics should develop relationships with AIDS service providers to assure that AIDS education programs include information about pregnancy prevention. Further, clinics can work to promote contraceptive advertising in the local media and provide leadership during other public policy debates.

RECOMMENDATIONS FOR AIDS EDUCATION
Programs for Youth

AIDS education programs for youth will need careful development. Program planners and educators will want to analyze the particular needs of their community, the nature and background of existing health and sexuality education programs, the potential vehicles for integrating AIDS education, and the level of community support for programs. This section of the report provides suggestions about program content, leader selection, teen involvement in programming, and resources for educators. It concludes with brief recommendations for leaders, including how to handle sensitive issue areas.

> "Well like, I know AIDS is a totally bad thing to get, but my parents are like so paranoid, and its like my life you know? Also, like, I don't know, but I've heard sex is totally excellent."
>
> *Teenager in Doonesbury Cartoon, April 1987*

CONTENT OVERVIEW

AIDS education programs will vary in content, format, setting, and goals. Some programs will only be able to institute one session lectures; others will be integrated into comprehensive programs. Regardless of the length of the program, AIDS education programs will want to emphasize certain basic information. This includes:

- **How AIDS is transmitted,** including sexual transmission; transmission through the exchange of blood products, including drug use; and perinatal transmission from mother to child.
- **How AIDS is not transmitted,** including clear information about the overwhelming evidence that AIDS is not transmitted through casual contact.
- **How one can protect oneself from the AIDS virus,** including abstinence from intercourse and IV drug use, and the practice of safer sex.

As noted earlier, AIDS education would ideally be integrated into existing comprehensive health or sexuality education programs. AIDS prevention information would be discussed following units on communication skills, drug prevention, and peer pressure. Further, programs would include ample opportunity for behavioral skill development, ranging from how to say "no" to peer pressure, to talking about the decision to have sex with a partner, to how to locate a family planning clinic. All education programs would include a variety of activities designed to increase knowledge, explore attitudes, and facilitate desired behavioral outcomes.

AIDS education programs should include drug use prevention information. Teenagers need to understand that drug and alcohol use may impair their ability to make good decisions about sex. They can also be taught that certain drugs, such as marijuana and cocaine, may suppress the immune system and be a co-factor in the development of AIDS. Teens need to understand that sharing needles may mean becoming infected with HIV by the transfer of minute particles of blood.

There are many topics that can be covered in AIDS education. A partial list to consider includes:

- Epidemiology of AIDS
  - In the United States
  - In the World
- Myths about AIDS
- Sexual transmission and prevention
  - Abstinence
  - Safer Sex
  - Condom Use
  - Other Sexually Transmitted Diseases
- Transmission through needles
  - Drug use prevention
  - Avoiding infection
- AIDS and Pregnancy
- Testing and Counseling
- Biology of AIDS
- Medical aspects of AIDS
- Peer Pressure
- Dating Skills
- Communication Skills
- Civil Rights and AIDS
- History of Epidemics
- Community Resources

The National Coalition of Advocates for Students (NCAS) suggests that all programs follow five basic principles. According to NCAS, programs should:

1. Offer information in words students can understand,

2. Emphasize safer sex behaviors—including abstinence and the use of condoms—over the biomedical aspects of AIDS,

3. Discuss the dangers of IV drug use,

4. Focus on high-risk behaviors rather than risk groups, and

5. Provide an ample number of sessions to give students multiple opportunities to assimilate the information.[36]

(The criteria checklist is available from the NCAS national office, at 100 Boylston Street, Suite 737, Boston, Massachusetts, 02116.)

ADOLESCENCE POSES CHALLENGES FOR AIDS PREVENTION

Adolescence is a unique developmental period, and many of the typical adolescent's characteristics pose challenges for conducting effective AIDS prevention programs. Leaders need to be thoroughly familiar with the developmental psychology of adolescents as they plan their programs.

- **All adolescents are not the same.** There are vast social and cognitive differences between early, middle, and late adolescents, and chronological age may not indicate developmental stage. Leaders must remember that students in the same grade may be at wide-differing levels of psychosocial maturity. Generic programs for a full age range 12 - 19 will have limited impact.
- **Seeking a sexual identity is a major developmental task of adolescence.** Some teenagers are sexually active, some are not. Some teenagers are heterosexual, some are homosexual, and many are experimenting with sexual behaviors.
- **Many teenagers feel immortal and invulnerable.** The "personal fable" of adolescence means that many adolescents feel that they are immortal and invincible. By nature, adolescence is a time of risk-taking. Many teens drink and drive, shoplift, try drugs, and have sex without contraception because the consequences are not considered; teens often believe, "It can't happen to me."
- **Teenagers are concrete thinkers.** They think about the present in concrete terms, and often have difficulty conceiving probable risks and future events. Because of the latency period of the HIV infection, it will be difficult to help young people understand their risks. A five year incubation time is a very long time for a teen who has difficulty making plans for the summer.

An article on AIDS printed in an Iowa high school newspaper dramatically portrayed this difficulty. One student interviewed said, "From everything I hear, it's just regarded as a joke. There are some students who are aware

of it, but most think they'll never get it." Added another student, "If someone caught AIDS at Valley, it would instantly change our thinking and social life."

■ **Teenagers, especially early and middle adolescents, often feel a great pressure to conform.** They want to be like every other teen, especially those in the "in" group. Teenagers may be more motivated to change behavior if educators concentrate on changing the norms of the peer group rather than trying to change individual teens' actions in a way contrary to the peer group's norms.

LEADER SELECTION

Experienced sexuality educators are well positioned to teach AIDS education. They have been trained in human sexuality, have the skills to teach about AIDS in a sensitive manner, have clarified their own values about sexuality, can teach without imposing their personal values on students, and have worked effectively with parents and community groups on the presentation of sensitive information.

Other leaders may be appropriate. It is often better to use an ongoing leader or teacher than to bring in an outside "expert." Youth group leaders, drug abuse counselors, church leaders and physical education teachers can all be trained to provide AIDS education.

It is important that leaders demonstrate the following:

- A willingness and interest in teaching AIDS education,
- Genuine appreciation and respect for adolescents,
- Basic knowledge about AIDS, its transmission and its prevention,
- Familiarity and comfort with sexual terminology and sexual issues,
- Respect and support for a diversity of student and family values, and
- Effective communication and teaching skills.

TEEN INVOLVEMENT IN AIDS EDUCATION

Teenagers themselves can be very effective AIDS educators. Teens can:

- serve as role models for other teens,
- educate each other,
- act as peer counselors,
- design materials,
- serve on advisory boards,
- conduct needs assessments,
- organize student AIDS prevention groups, and
- conduct other innovative projects that they design.

Some exciting teen prevention projects are already in place around the country:

In many high schools, issues of the student newspaper have been devoted to AIDS information. The March 23, 1987 issue of LASSO, the newspaper of the George Mason Junior/Senior High School in Falls Church, Virginia called itself, "AIDS: The Danger Is Real." It featured articles on students' attitudes about sex, interviews with an AIDS researcher and the school's sexuality teacher, and an account of a student's experience at a testing site.

Teenagers have helped design AIDS messages and materials. For example, Balboa High School in San Francisco sponsored a rap contest for teenagers on AIDS prevention. The winning rap concluded, "Wear a condom when you get an erection. So you won't get an infection."

Teen theater has been used for AIDS prevention. Many of the existing teen theater groups have added AIDS to the list of topics they cover. In at least one case, a children's theater group has sponsored an AIDS play. In April, the New Conservatory Children's Theatre Company presented the world premiere of its new play, "The Inner Circle" in San Francisco. It is the story of teenage friendship and the AIDS crisis. The Inner Circle is a four character play, performed by teens, that deals with the death from AIDS of a young high school

student. Plans are now underway to have the play travel throughout California schools.

Teenagers can counsel and educate other teens about AIDS. In Montgomery County, Maryland, teenagers run a telephone hotline on AIDS for other teens. There are hundreds of peer education and counseling groups for teens which deal with sexuality and/or drug use issues. Existing groups like these can be prepared to handle the issue of AIDS, and can serve as a model for AIDS-specific peer programs.

MATERIALS SELECTION

In a short period of time, there has been a veritable explosion in AIDS education brochures, pamphlets, movies, and curricula for teenagers. Many of these resources are too dense, too difficult, or too graphic for school groups. Furthermore, very few materials have been created or adapted for minority teens, and of those, even fewer are available in Spanish.

(CPO has developed an annotated bibliography of reviewed resources that is available upon request. A selected bibliography of key resources follows at the conclusion of this report.)

It is important that materials used with AIDS education be carefully reviewed before use in an education setting. Many agencies use community advisory boards to review all materials prior to purchasing them for use.

The following questions should be answered before deciding on which materials to use:

- Is the information about AIDS accurate?
- Is it written at an appropriate level for the group?
- Does it take into account the special development issues of adolescents?
- Are the language and graphics relevant to the youth you wish to reach? (Are these teens likely to be sexually active? What ethnic groups are represented? etc.)
- Does it specifically refute common misperceptions?
- Does it emphasize the need to practice safer behaviors and are those explained?
- Does it use language that teenagers will understand?
- Does it emphasize risk behaviors rather than risk groups?
- Are the graphics interesting?
- Are the language and graphics acceptable to the community?

SUGGESTIONS TO LEADERS

Teaching young people about AIDS is likely to be both professionally and personally challenging. Leaders will have their own feelings and values about many of the concerns raised by the AIDS epidemic, and may not be totally comfortable with some of the issues that students are likely to raise. In particular, leaders may feel uncomfortable presenting information on certain sexual topics.

It is important to acknowledge the wide range of sexual experiences in a classroom or group of young people. Some teens will have already had heterosexual experiences; some teens will have had homosexual experiences. Some teenagers will have had intercourse; some will never have kissed anyone. Some will be dating; others may not yet be interested in sex. Some teens may have good reasons to believe that they have been exposed to HIV; others may believe they have contracted it from a drinking fountain. Students in your classroom may have friends or relatives with AIDS; some will have single parents whose behavior may place them at risk.

It is important for the leader or teacher to address all of the young people in a classroom. One could begin by saying something like, "We are going to be discussing AIDS. AIDS is a national emergency. All of us need to know more about this disease and how it is transmitted. We will be talking later about prevention. You may not need this information now or ever, but it is important for everyone to listen so that they can be helpful to a friend, or family member, or yourself in the future."

Many young people are afraid of AIDS, and that fear may keep them

from protecting themselves. Leaders can reduce this fear by explaining to teens that AIDS can be prevented. Teens can feel empowered by learning that they have the ability to practice behaviors that will prevent them from ever becoming infected.

Personalizing AIDS will help students deal with their fears and misconceptions. Teens need to understand that AIDS is a fatal disease with no known cure. People with AIDS have a role to play in the classroom. They can dramatically portray the reality of living with AIDS, and help break through teenagers' wall of invincibility. Movies, such as "The AIDS Movie," that include such people can be very powerful teaching tools. In that movie, the three people with AIDS have each died since the movie was produced. It is important that leaders help teens develop compassion, rather than fear, for people with AIDS.

It is important to use the correct language when presenting AIDS information. Programs should not talk about "body fluids" or "private parts." As in all sexuality education programs, teachers should use correct language, but can acknowledge students' use of slang. A helpful exercise for new groups is for leaders to ask teens what words they know for such terminology as "penis," "vagina," "oral sex," "masturbation," etc. Teachers also need to talk about "people with AIDS" rather than AIDS "victims" or "afflictions."

Leaders need to be prepared to deal with homophobic comments. The AIDS epidemic has led to a rise in incidences of violence against homosexuals and has the very real potential of increasing homophobia among teens. This represents an apparent need to want to blame someone for AIDS, but in so doing, it obscures an accurate understanding of the problem. Further, leaders can be aware that some of the young people in their classes are gay or questioning their sexual orientation, and that the AIDS epidemic may be especially affecting these youth. Teachers can use this opportunity to help teens clarify their personal and family values.

One of the most difficult and important tasks for leaders is to discuss safer sex guidelines with teens. Teenagers need to receive information about the sexual behaviors that place them at risk of HIV infection. Because most teenagers experiment with some types of sexual behavior, educators can help teens understand which ones are safer and which ones are risky.

There are some sexual activities that are truly safe, i.e., they do not transmit HIV. These include touching, hugging, and caressing. Abstinence from any type of sexual intercourse —oral, vaginal, anal—is safe.

Strategies to encourage abstinence are an important component of AIDS education. Teenagers need to know that intercourse is not necessary to give or receive pleasure. Young people need to learn to express affection not only through non-genital activities but through non-sexual avenues.

Teenagers can be helped to understand that they have rights and responsibilities regarding sexual beha-

RIGHTS	RESPONSIBILITIES
To have correct information.	To ask questions when you don't understand.
To say no to sex.	To not pressure anyone to have sex.
To become a parent only when ready.	To say no to sex if you're not ready.
To have access to condoms and other birth control methods.	To use a condom and other birth control methods.
To remain free of sexually transmitted diseases.	To not have intercourse if you have a sexually transmitted disease.

vior. These rights include the right to accurate information, the right to say no to sex at any time, the right not to become a parent before one is ready, and the right to be protected from sexually transmitted diseases, including AIDS. It is often more effective to talk with young people about their rights, rather than their responsibilities.

Some groups of teenagers will need to receive information about alternatives to sexual intercourse. Educators can help teens understand that there are many sexual activities that do not place someone at risk of an unplanned pregnancy or sexually transmitted disease. Talking, kissing, hugging, dancing, touching and holding hands are all ways of showing and receiving affection from a partner.

Teenagers need to understand that it is impossible to tell if someone is infected either by looking at them or through intuitive powers.

It is also important for educators to be realistic about the numbers of teens in their programs who are having sexual intercourse. In a group of 16 year olds, half of the young people are likely to be virgins, and half are likely to be engaging in intercourse. Those young people who engage in risky sexual behaviors need explicit information about how to protect themselves.

Leaders can help those teenagers to understand their risk of becoming infected and to practice safer sex. Any type of sex between two uninfected partners is safe sex. The difficulty is that most people, be they teenagers or adults, do not know if they have been exposed to the virus. "Knowing someone well" or "asking your partner about AIDS" is an unrealistic way to assess potential risk, especially for teenagers. Teenagers need to understand that it is impossible to tell if someone is infected either by looking at them or through intuitive powers.

Teens need to know that most sexual activities can only be called "safer sex," as there are few guarantees. Intercourse with condoms with an infected partner or a partner whose antibody status is unknown can only be considered "safer." Condoms have been proven to be an effective barrier to HIV in the laboratory.[37] However, condoms have the possibility of breaking or leaking, especially when they are not used correctly. Although condoms are not 100% effective against the spread of HIV or for preventing pregnancy, they offer the best protection available for people who are going to have intercourse with a partner whose antibody status is unknown.[38] Many of the problems associated with condoms have to do with incorrect use. Leaders can include explicit instructions about condom use, or may want to adapt the box on page 17 as a student handout.

In order to be effective, education about condoms should focus on values and behavior. There are many creative ideas for encouraging condom use among teens. For example:

- **Roleplays** can be used effectively to encourage communication about condoms and safer sex. Girls can be asked to develop answers for boys who say, "but it's like taking a shower with a raincoat on." Boys can develop responses to girls who say, "but I'm on the pill," or "do you have a disease or something?"
- **Teen Attitudes** about condom use can be explored. Teens often have very negative attitudes about condoms. Ask teens what they have heard about condoms and try to counter myths.
- **Homework Assignments** can facilitate desired behaviors. Leaders can develop an optional assignment for teens to purchase a packet of condoms. This helps students develop the skills for purchasing personal products at a pharmacy. Leaders collect all the condoms purchased, and place them in an accessible place. Leaders can ask the students to describe their experiences purchasing the condoms and identifying where they were obtained. In some schools, students can't pass their health class without buying a condom!
- **Condom Couplet Contest:** Ask students to develop two line rhymes promoting condoms to sexually active teens.
- **Encouraging Teens To Carry One For a Friend.** The leading reason

teens give for not using a contraceptive method is that they did not think they would be having intercourse. Educators can help develop an expectation that having intercourse without condoms just isn't done. If all teenagers carried condoms, they would be prepared for situations where "it just happened." They also could help their friends out.

Although some of these suggestions may be surprising, it is important to recognize that the U.S. lags behind much of the world in providing explicit information to teens about condom use. In Thailand, school children make a game of blowing up condoms like balloons and at the same time get used to handling and talking about condoms. In Hong Kong and Mexico, clear plastic key rings that encase a condom are distributed to teens. They read, "In case of emergency, break glass!"[39] In a Swedish government poster on AIDS, teen males are encouraged to practice masturbating with a condom in place.[40]

Condom Instructions

- Use latex condoms. Spermicidal condoms or condoms used with contraceptive foam will increase the efficacy.
- Use a new condom every time you have intercourse.
- Unroll the condom onto the erect penis before the penis comes in contact with the mouth, vagina, or rectum.
- Leave 1/2 inch at the end of the condom to collect the semen.
- After the man ejaculates and while the penis is still erect, the penis should be pulled out. Hold onto the rim of the condom during withdrawal so that the semen does not spill out.
- Do not use vaseline. Keep condoms away from heat. Use contraceptive foam or K-Y jelly for added lubrication.

BUILDING
Community Support

Communities need to anticipate opposition to AIDS education, and develop proactive plans for introducing programs. It is important to remember that 91% of the American public supports AIDS education in the school.[22] Yet, the small minority of organizations that oppose it may be successful at keeping it from happening.

A few conservative groups will oppose AIDS education. The United Families Foundation states that "sexuality education should simply teach that sex can lead to AIDS. AIDS leads to death."[41] Phyllis Schlafly's new group, the Coalition for Teen Health, says that AIDS education is "a violation of the First Amendment rights of children whose religion teaches that non-marital sex acts are morally wrong."[42]

> "A great many young people are having sex, with or without permission. So in the interest of saving lives, they should know how to prevent pregnancy and disease—particularly since AIDS is incurable. Denying information will not stop them from having sex; it will only leave them ignorant and vulnerable to a life threatening disease. Wake up. What people don't know can not only hurt them, it can KILL them."
>
> *Dear Abby, Summer 1987*

Sexuality educators have a great deal of experience in overcoming barriers to sexuality education. In developing AIDS prevention programs for teens, these principles may be helpful in planning for and reducing community opposition:

Educate! Educate! Educate!: The general public is both scared and confused about AIDS. The community at large needs to know the facts about the virus and to understand why teens are potentially at risk. Enlist the help of the local media (newspapers, radio, and t.v.) in disseminating correct information. Hold seminars for media leaders. Hold community forums.

Develop a Community Task Force or Advisory Committee: Involve school administrators, teachers, medical professionals, clergy, parents, and teenagers. Strive for diversity to assure broad support. Ask the group for input into the program, assistance in recruiting participants, and support for implementation.

Involve Parents: Parents must be included not just in the planning stages, but in all aspects of the program. Allow parents to preview the curriculum and meet the teachers; hold parent seminars; encourage parents to call with any questions.

Involve Teenagers: Teens can be important advocates for themselves and also can provide input into what they really need to know. Survey teens and ask them what to put into prevention programs. Use their anecdotes to back up the need for your program. Ask for their testimony at community meetings.

Make A Long Term Commitment: AIDS prevention cannot be this year's fad. Prevention of an epidemic among the nation's young people will require a sustained effort.

State the Values of the Program: AIDS education cannot be "value free" because of its connection with the most intimate part of people's lives. Be sure to know and state the values of your program. For many AIDS education

programs, these values will include that abstinence is the best method of AIDS prevention for teenagers, that sexually active teenagers need access to information and services, and that compassion and respect for a diversity of individual and family values underlies the program. Share the program's philosophy.

It is important to remember that 91% of the American public supports AIDS education in the school.[22]

Be Organized: Opposition groups are often very small, but their threat remains large because proponents of the program are often not organized or vocal. Do your homework. Survey the community's feelings about AIDS education and document the results. Involve parents, students, educators, press, and clergy in designing the program and reviewing all materials. Document your support.

Expect Some Opposition and Be Prepared: Anticipate the potential opposition—it is most likely to come from those small ad hoc groups that have in the past fought against sexuality education. Help the majority of people who support AIDS prevention programs to speak up. Be able to articulate the reasons why AIDS prevention is so important, have diverse segments of the community lined up to support your program, develop position papers outlining the program's goals and philosophy, and remember that most of the community supports your efforts.

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ADDITIONAL
Sources of Information

AIDS Hotline
(800) 342-AIDS
(800) 342-2437

AIDS Action Council
729 8th St., S.E.
Washington, DC 20003

American Foundation for AIDS Research
40 W. 57th St.
New York, NY 10021

American Red Cross
National Headquarters
Washington, DC 20006

Center For Population Options
1012 14th Street, NW, Suite 1200
Washington, DC 20005

ETR Associates
1700 Mission St.
Suite 203
P.O. Box 1830
Santa Cruz, CA 95061

Institute for the Protection
of Lesbian and Gay Youth
110 E. 23rd St.
10th floor
New York, NY 10010

Planned Parenthood Federation
of America
810 7th Avenue
New York, NY 10019

National AIDS Network
1012 14th St., N.W.
Suite 600
Washington, DC 20005

National Coalition of Advocates
for Students
100 Boylston St.
Boston, MA 02116

National Family Planning and Reproductive
Health Association
122 C St., N.W.
Suite 380
Washington, DC 20001-2109

National Leadership Coalition
on AIDS
1150 17th St., N.W.
Suite 202
Washington, DC 20005

National Association of
School Boards of Education
1680 Duke St.
Alexandria, VA 22314

National Urban League
500 East 62 St.
New York, NY 10021

Sex Information and Education
Council of the U.S.
32 Washington Place
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